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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 30806

Title: Macroscopic appearance (Type IV and giant Type III) is high risk for poor prognosis in pathological stage II/III advanced gastric cancer with postoperative adjuvant chemotherapy

Reviewer's code: 03017500

Reviewer's country: Slovenia

Science editor: Jing Yu

Date sent for review: 2016-10-19 15:23

Date reviewed: 2016-10-30 17:38

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The article has important merits and would be a valuable contribution to the journal, but there are some points that should be addressed before publication.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 30806

Title: Macroscopic appearance (Type IV and giant Type III) is high risk for poor prognosis in pathological stage II/III advanced gastric cancer with postoperative adjuvant chemotherapy

Reviewer's code: 00724450

Reviewer's country: Turkey

Science editor: Jing Yu

Date sent for review: 2016-10-19 15:23

Date reviewed: 2016-11-01 08:26

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear Editor, Yamashita et al presented a study title as "Macroscopic appearance (Type IV and giant Type III) is high risk for poor prognosis in pathological stage II/III advanced gastric cancer with postoperative adjuvant chemotherapy ". The study have some new and interesting findings which I believe they add some contribution to the literature. Authors were well summarized results, they have novel findings and discussion was pretty good. I think this study can be published in the WJG. Thank you so much for your choice me as a reviewer.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 30806

Title: Macroscopic appearance (Type IV and giant Type III) is high risk for poor prognosis in pathological stage II/III advanced gastric cancer with postoperative adjuvant chemotherapy

Reviewer's code: 03659796

Reviewer's country: China

Science editor: Jing Yu

Date sent for review: 2016-10-19 15:23

Date reviewed: 2016-11-10 17:32

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This study aims to clarify the clinicopathological relevance of the macroscopic features of patients with advanced gastric cancer by analyzing the cumulative 5-year survival (OS) and cumulative 5-year relapse free survival of macroscopic high and average risk patients. Authors demonstrated that high risk gastric cancer patients have poorer prognosis than average risk gastric cancer. In the discussion part, the authors also described the different strategies and outcomes of perioperative chemotherapy between the Western and Eastern world and some other therapeutic strategies. The design of experiment is rigorous, the statistic method is reasonable and the language is very smooth, however, there still exists the following problems: 1) In the first part of the results, the reason why Pathological stage II/III cases did not include those with pathological stage II T1 gastric cancer was not explained. 2) Authors thought that this study was the first time to reveal the prognostic relevance of macroscopic high risk cancer. However, the application of these results is not novel. It has to be described why this method of judging prognosis is better or different from other methods



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like predicting by AJCC staging system or 13th JGCA staging system. What is the difference between your clinicopathological relevance of the macroscopic features and TNM stage? 3) This study was a single-center study, and the follow-up period was short. The sample size was small. If this study enrolled a larger sample size or had a longer follow-up period, the results would be more meaningful. For example, when authors analyzed the recurrent patterns of macroscopic high risk gastric cancer, the whole conclusion was based on small numbers (11 cases) and the findings could easily be spurious. 4) The quotations content is not closely related to the topic of this paper. Authors discussed too much about the efficacy of different perioperative treatment strategies instead of the prognostic relevance of macroscopic features of gastric cancer. Please add the related content. 5) The conclusion is overstated. For example, this study only collected patients who underwent curative surgery plus adjuvant S1 chemotherapy. But authors didn't mention if these results can be seen from other patients with advanced gastric cancer. 6) The epidemiology and the data of gastric cancer-related death in 2012 might be out of date and should be updated. 7) In your article, "All histologic and clinicopathological factors were assessed independently and blindly by histopathologists" is not rigorous enough. The number of histopathologists should be clarified and the experience of histopathologists should be balanced. 8) In the "Statistical Analysis" part, RFS was measured from the date of surgery to the date of recurrence or the last follow-up in your study. However, the way and internal to evaluate recurrence was not clearly demonstrated.

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Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 30806

Title: Macroscopic appearance (Type IV and giant Type III) is high risk for poor prognosis in pathological stage II/III advanced gastric cancer with postoperative adjuvant chemotherapy

Reviewer's code: 03316969

Reviewer's country: Poland

Science editor: Jing Yu

Date sent for review: 2016-10-19 15:23

Date reviewed: 2016-11-16 06:26

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

The article „Macroscopic appearance (Type IV and giant type III) is high risk for poor prognosis in pathological stage II/III advanced gastric cancer with postoperative adjuvant treatment“ presents a new approach (for eastern world) for patients with macroscopic appearance stages II and III after R0 resections combined with S1 chemotherapy. The authors showed that patients with this stage of gastric cancer would benefit from additional neoadjuvant chemotherapy. The article have important and interesting findings and I believe they add some contributions to the literature about gastric cancers especially in eastern countries. Despite this is a single-center study and the sample size is small, By me the article can be publish in the World Journal of Gastroenterology. There are some points that should be addressed before publication. 1. There are noticeable minor language mistakes. I'm suggesting to perform a proofreading of the English. 2. Authors used only the 13th JGCA classification. In my opinion for better understanding of the results/conclusions for Western readers, it would be helpful to use the TNM classification. 3. In the parts of results / tables appears



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term young patient with stomach cancer - what is the criterion of age, and why?